

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
10603451

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            | /        |     |                     |     |                     |     |
| 2            |          |     |                     |     |                     |     |
| 3            |          |     |                     |     |                     |     |
| 4            |          |     |                     |     |                     |     |
| 5            |          |     |                     |     |                     |     |
| 6            |          |     |                     |     |                     |     |
| 7            |          |     |                     |     |                     |     |
| 8            |          |     |                     |     |                     |     |
| 9            |          |     |                     |     |                     |     |
| 10           |          |     |                     |     |                     |     |
| 11           |          |     |                     |     |                     |     |
| 12           |          |     |                     |     |                     |     |
| 13           |          |     |                     |     |                     |     |
| 14           |          |     |                     |     |                     |     |
| 15           |          |     |                     |     |                     |     |
| 16           |          |     |                     |     |                     |     |
| 17           |          |     |                     |     |                     |     |
| 18           |          |     |                     |     |                     |     |
| 19           |          |     |                     |     |                     |     |
| 20           | /        |     |                     |     |                     |     |
| 21           |          |     |                     |     |                     |     |
| 22           |          |     |                     |     |                     |     |
| 23           |          |     |                     |     |                     |     |
| 24           |          |     |                     |     |                     |     |
| 25           |          |     |                     |     |                     |     |
| 26           |          |     |                     |     |                     |     |
| 27           |          |     |                     |     |                     |     |
| 28           |          |     |                     |     |                     |     |
| 29           |          |     |                     |     |                     |     |
| 30           |          |     |                     |     |                     |     |
| 31           |          |     |                     |     |                     |     |
| 32           |          |     |                     |     |                     |     |
| 33           |          |     |                     |     |                     |     |
| 34           |          |     |                     |     |                     |     |
| 35           |          |     |                     |     |                     |     |
| 36           |          |     |                     |     |                     |     |
| 37           | /        |     |                     |     |                     |     |
| 38           |          |     |                     |     |                     |     |
| 39           |          |     |                     |     |                     |     |
| 40           |          |     |                     |     |                     |     |
| 41           |          |     |                     |     |                     |     |
| 42           |          |     |                     |     |                     |     |
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| 46           |          |     |                     |     |                     |     |
| 47           |          |     |                     |     |                     |     |
| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   | 2        |     |                     |     |                     |     |
| TOTAL DEP.   | 35       |     |                     |     |                     |     |
| TOTAL CLAIMS | 37       |     |                     |     |                     |     |

|              | *   | *   | *   | *   |
|--------------|-----|-----|-----|-----|
|              | IND | DEP | IND | DEP |
| 51           |     |     |     |     |
| 52           |     |     |     |     |
| 53           |     |     |     |     |
| 54           |     |     |     |     |
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| 80           |     |     |     |     |
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| 82           |     |     |     |     |
| 83           |     |     |     |     |
| 84           |     |     |     |     |
| 85           |     |     |     |     |
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| 87           |     |     |     |     |
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| 90           |     |     |     |     |
| 91           |     |     |     |     |
| 92           |     |     |     |     |
| 93           |     |     |     |     |
| 94           |     |     |     |     |
| 95           |     |     |     |     |
| 96           |     |     |     |     |
| 97           |     |     |     |     |
| 98           |     |     |     |     |
| 99           |     |     |     |     |
| 100          |     |     |     |     |
| TOTAL IND.   |     |     |     |     |
| TOTAL DEP.   |     |     |     |     |
| TOTAL CLAIMS |     |     |     |     |